State of Michigan
Jennifer M. Granholm, Governor

Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

Workers' Compensation Agency
Funds Administration
General Office Building
7150 Harris Drive
Lansing, MI 48913
Phone: (517) 636-6600
Fax: (517) 636-6627
www.michigan.gov/wca

Trustees
Richard F. Zapala, Chair
Jack A. Nolish
Douglas A. Green

May 28, 2010

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE: **2010 Silicosis, Dust Disease And Logging Ind Comp Fund Assessment**

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(2) & (3). **ALL PAYMENTS ARE REQUIRED BY AUGUST 26, 2010.**

The amount due from your company for 2010 is **0.00243** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2009.** In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Silicosis, Dust Disease And Logging Ind Comp Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine ALL payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Silicosis, Dust Disease And Logging Ind Comp Fund.** If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND BACK SIDES) WITH YOUR REMITTANCE IN FULL BY AUGUST 26, 2010 TO:

State of Michigan - Silicosis, Dust Disease and Logging Industry Compensation Fund
General Office Building
1st Floor, A-Wing
7150 Harris Dr.
Lansing, MI 48913

Attention: Valerie A. Hart, Assessment Coordinator

EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 54087 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2009** was:

$_____

0.00243 of the above amount is $_____ for which remittance is enclosed.

Please complete the fields in **bold** below and complete the company name and address if different than what is listed on the address above

Company Name _____ FED ID# _____

Address _____

Contact Person/Title_____ **Telephone #**_____

E-Mail _____

Completed By/Title_____ **Telephone #**_____

Please contact your service company to verify who is to make payment of this invoice as to avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ **Date** _____

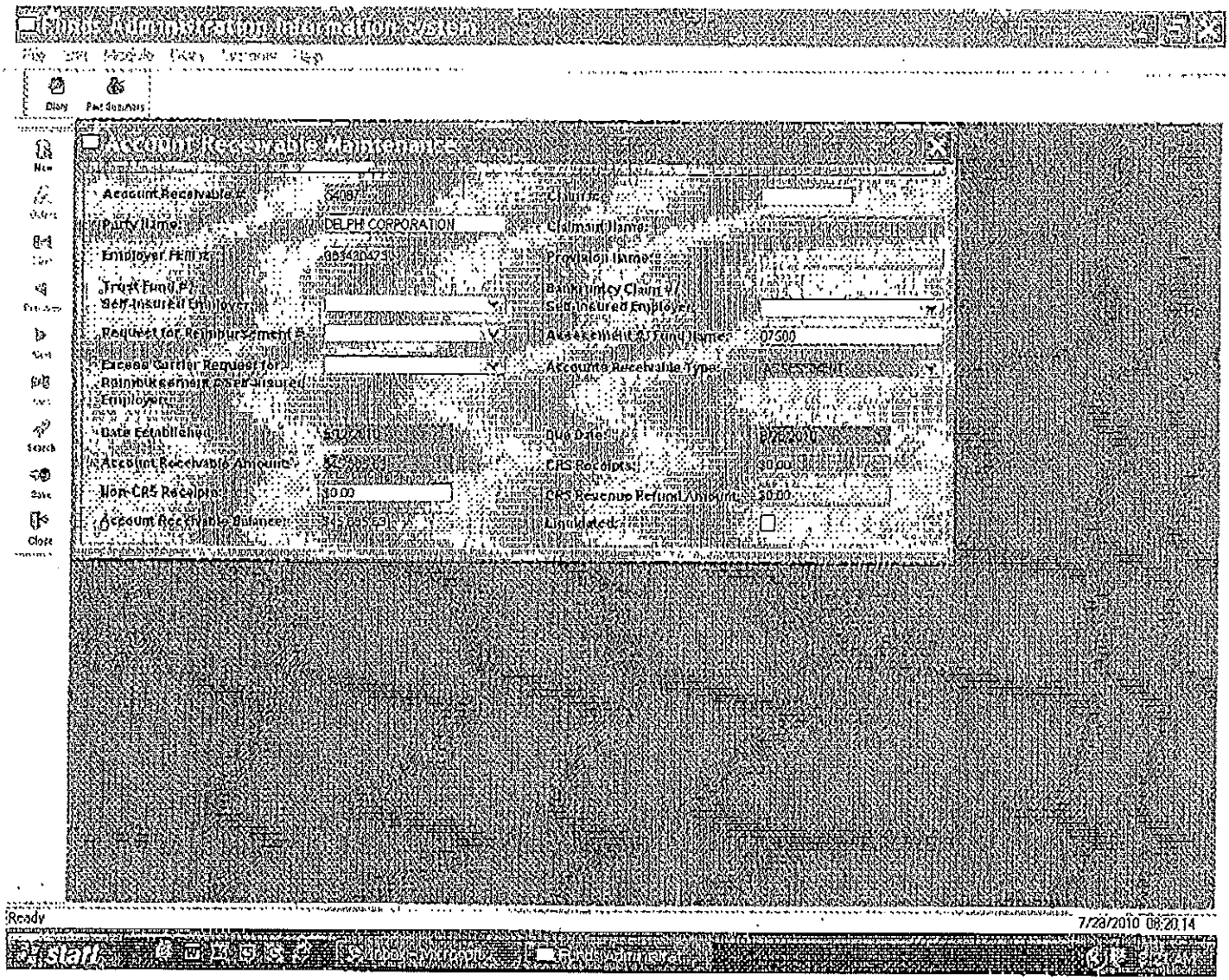

Exhibit 2: 2010 Funds Administration Assessment letters

State of Michigan
Jennifer M. Granholm, Governor

Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

Workers' Compensation Agency
Funds Administration
General Office Building
7150 Harris Drive
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May 28, 2010

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE: **2010 Second Injury Fund Assessment**

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(1) & (3). **ALL PAYMENTS ARE REQUIRED BY August 26, 2010.**

The amount due from your company for 2010 is **0.01103** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2009.** In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Second Injury Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine ALL payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment; and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Second Injury Fund.** If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

FORM ON REVERSE SIDE

PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND BACK SIDES) WITH YOUR REMITTANCE IN FULL BY AUGUST 26, 2010 TO:

State of Michigan - Second Injury Fund
General Office Building
1st Floor, A-Wing
7150 Harris Dr.
Lansing, MI 48913

Attention: Valerie A. Hart, Assessment Coordinator

EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 52508 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2009** was:

$_____

0.01103 of the above amount is $_____ for which remittance is enclosed.

Please complete the fields in **bold** below and complete the company name and address if different than what is listed on the address above

Company Name _____ FED ID# _____

Address _____

Contact Person/Title_____ **Telephone #**_____

E-Mail _____

Completed By/Title_____ **Telephone #**_____

Please contact your service company to verify who is to make payment of this invoice as to avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ **Date**

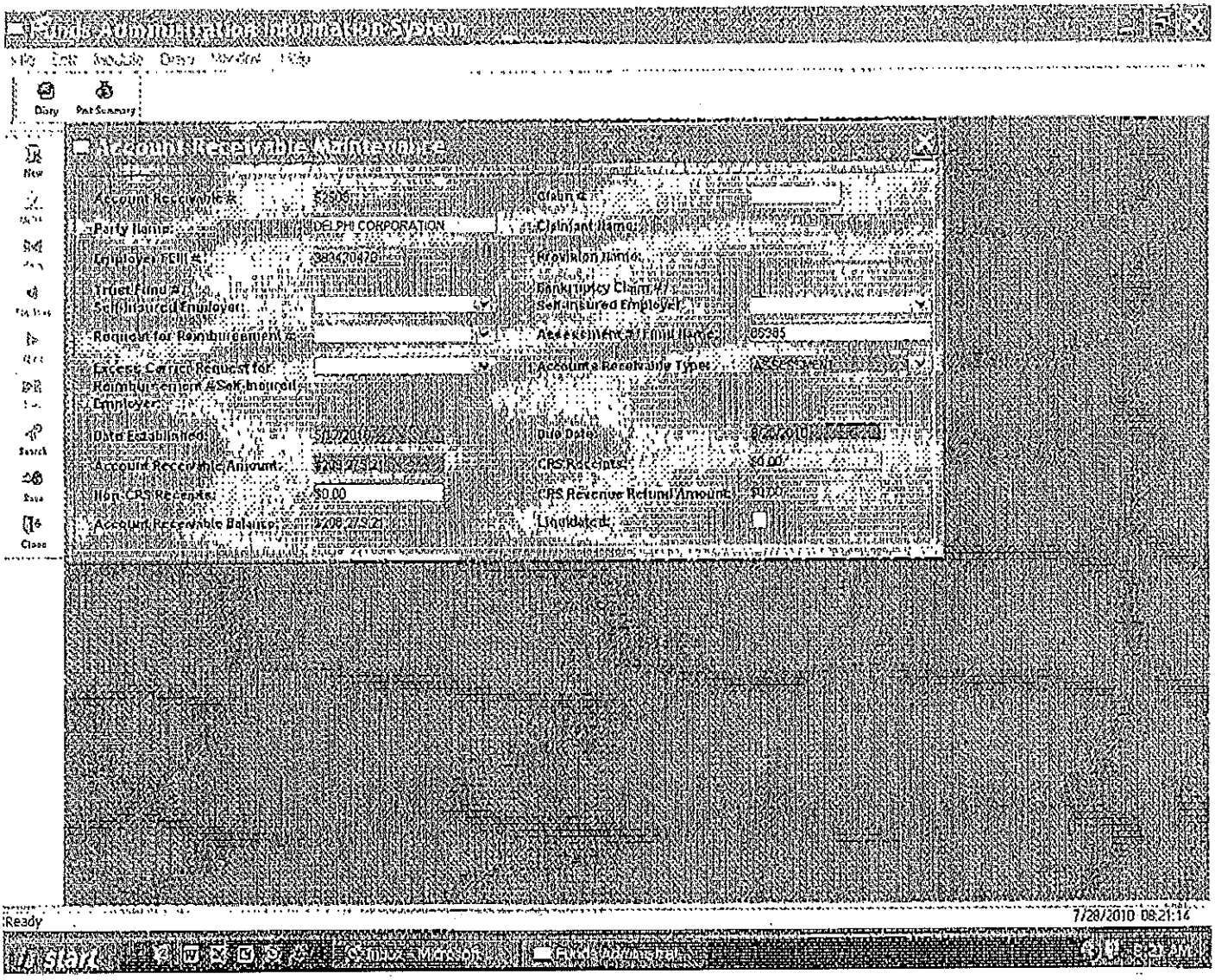

Exhibit 2: 2010 Funds Administration Assessment letters

State of Michigan
Jennifer M. Granholm, Governor

Department of Energy, Labor & Economic Growth
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Trustees
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Douglas A. Green

May 28, 2010

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
6825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE: **2010 Self-Insurers' Security Fund Assessment**

NOTE: This Assessment is on PRIVATE Self-Insured Employers only.

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(4). **ALL PAYMENTS ARE REQUIRED BY August 26, 2010.**

The amount due from your company for 2009 is **0.03** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2009.** In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Self-insurers' Security Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine ALL payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment; and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Self-insurers' Security Fund.** If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

== FORM ON REVERSE SIDE ==

PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND BACK SIDES) WITH YOUR REMITTANCE IN FULL BY AUGUST 26, 2010 TO:

State of Michigan - Self-Insurers' Security Fund
General Office Building
1st Floor, A-Wing
7150 Harris Dr.
Lansing, MI 48913

Attention: Valerie A. Hart, Assessment Coordinator

EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI CORPORATION
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 54297 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits; including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during calendar year 2009 was:

$_____

0.03 of the above amount is $_____ for which remittance is enclosed.

Please complete the fields in bold below and complete the company name and address if different than what is listed on the address above

Company Name _____ FED ID# _____

Address _____

Contact Person/Title_____ Telephone #_____

E-Mail _____

Completed By/Title_____ Telephone #_____

Please contact your service company to verify who is to make payment of this invoice as to avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ Date _____

Exhibit 2: 2010 Funds Administration Assessment letters

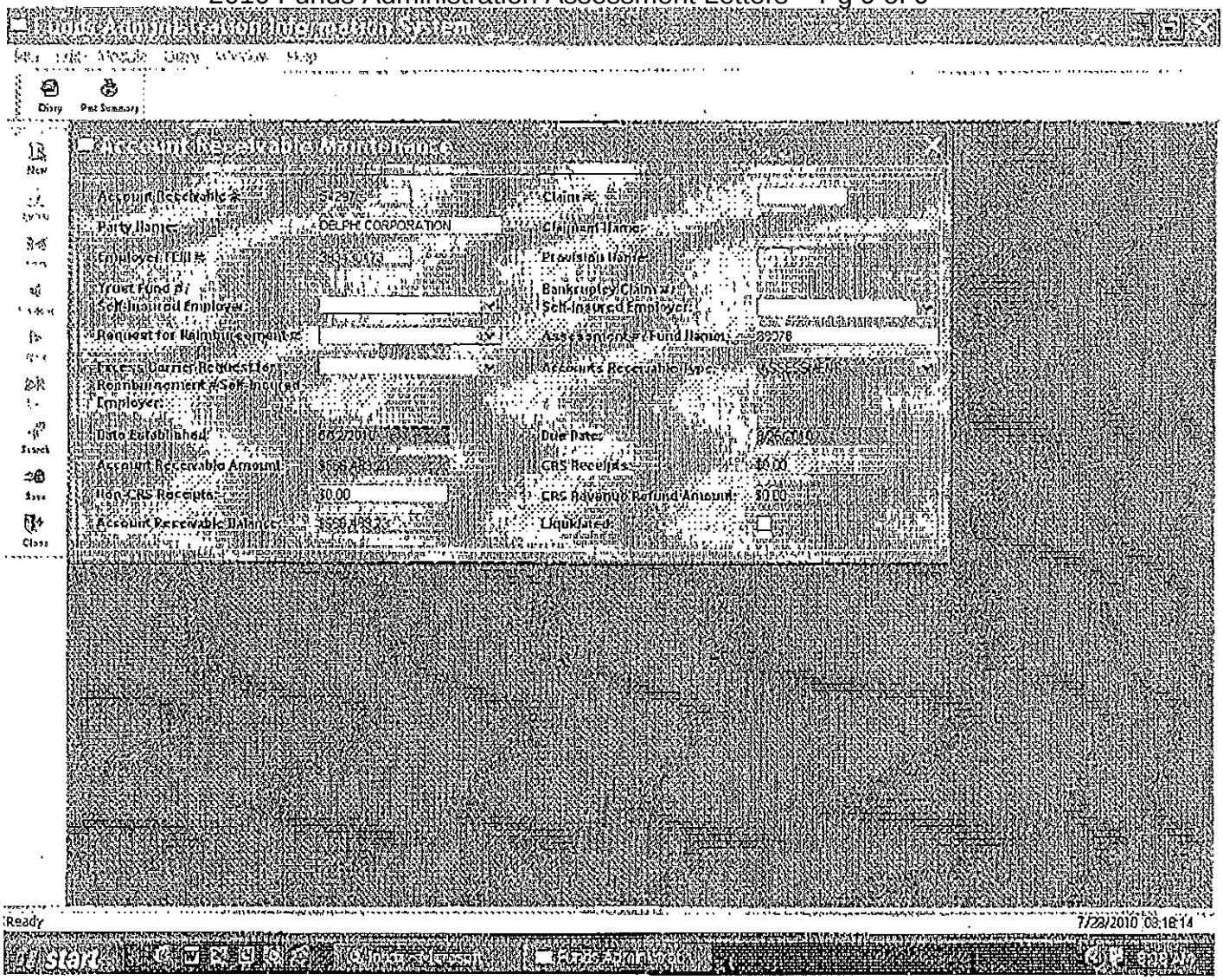

Exhibit 2: 2010 Funds Administration Assessment letters